

Department of Industrial Accidents
Clinical Review Procedure - Internal Guideline Development required for Review

1st Business Day of Request

Request for utilization review of health care condition and corresponding procedure(s) and/or treatment(s) received by UR agent. Date of request, type of review, name and specialty of requesting provider documented in UR case notes.

UR staff enters demographic information and forward medical information for review to licensed UR reviewer. UR Introductory letter and ID card are mailed.

If agent is not responsible for sending ID card - agent must reference card in introductory letter and instruct IW to call agent if card is not received.

1st Business Day of Request

Licensed UR reviewer begins review of clinical information.

Documents type, category, and date of request in UR case notes.

If additional clinical information needed, follow procedure for request of additional clinical information.

If no additional clinical information required, reviewer proceeds with prospective review to determine medical necessity and appropriateness of care, and requested procedure(s) and/or treatment(s).

HCSB Treatment Guideline Review

Licensed UR reviewer continues review medical information comparing condition and corresponding procedure(s)/treatment requested with HCSB treatment guideline/review criteria.

Approval - HCSB Treatment Guideline Applies

Licensed UR reviewer determines HCSB treatment guideline/criteria applies to condition under review and approves request. Approval letter sent to OP/IW **within two business days of receipt of request. Approval Letter includes guideline and clinical rationale. Date of request, type of review documented in UR case Notes.**

NO HCSB Treatment Guideline Applies

Licensed UR reviewer determines **no** HCSB Treatment Guideline/Criteria applies to condition/diagnosis being reviewed and moves to review of secondary sources.

HCSB Treatment Guideline Applies- UR Reviewer Unable to Approve

Licensed UR reviewer determines HCSB treatment guideline/criteria applies, but reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review, **by next business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.**

Internal Guideline Review-Internal Guidelines are developed to address medical conditions for which no primary (HCSB) or secondary treatment guidelines applies. When such condition is identified the licensed UR reviewer shall forward such request to the UR supervisor, on same business day of receipt of request.

By next business day, the UR supervisor forwards the case to the UR Medical Director/designee for review. If the Medical Director/designee assesses the need for additional medical information to complete review, Medical Director/designee follows procedure for the request of additional medical information (Exhibit F).

If the Medical Director/designee determines no further medical information is required, the determination will be sent within two business days of request. While clinical practice experience may be considered in the determination, said determination must be research based, and cannot be based solely on clinical practice experience.

Date of request, research standards, and clinical rationale must be documented in case notes, as well as the name and specialty of same school practitioner involved in review.

Determinations

Approval

Approval Letter sent within two business days from date of receipt of request for UR review.

Approval Letter includes treatment guideline/criteria and clinical rationale. **Date of request and clinical rationale must be documented in UR case notes.**

Adverse Determination AD Letter sent within two business days from date of receipt of UR request.

AD issued as a result of internal guideline review do not require a school-to-school review prior to AD if same school practitioner was involved in the development of the Internal Guideline. Determination must be based on scientific research and clinical practice standards. AD Letter will include guideline/criteria, clinical rationale, and Appeal procedure, information to identify the Internal Guideline used and how to obtain a copy of the internal guideline. **Date of request, type of review, clinical rationale and scientific research and clinical practice standards used must be documented in UR case notes.**

When AD determination is based on request and receipt of additional medical information **AD letter must be sent within two business days of receipt of additional medical information. Date of request for additional medical information and date of receipt of additional medical information and clinical rationale (including research and clinical practice standards) must be documented in UR case notes and later formatted in a pattern similar to the HCSB Treatment Guideline format. Internal guidelines must be available for review upon request of the Department.**